



Washburn University Department of Education

Student Teaching Application



Personal Information

Applicant's Full Name *

First Name

Last Name

Address *

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Country

Washburn E-mail *

**Local Phone
Number ***

	-	
Area Code		Phone Number

Enter your WIN without the leading W.

WIN *

**Student Teaching
Semester ***

**Licensure Area
(s) ***

- ☐ Elementary (K-6)
- ☐ Middle School (5-8)Math
- ☐ Middle School (5-8)English
- ☐ Middle School (5-8)History
- ☐ SPED (K-6)
- ☐ Early Childhood (Birth-Grade 3)
- ☐ Secondary (6-12) Biology
- ☐ Secondary (6-12) Chemistry
- ☐ Secondary (6-12) English
- ☐ Secondary (6-12) History
- ☐ Secondary (6-12) Mathematics
- ☐ P-12 Art
- ☐ P-12 French
- ☐ P-12 Spanish
- ☐ P-12 Music
- ☐ P-12 Physical Education

Background Information

Final Placements will be influenced by your previous experiences.

List the elementary, middle and high schools you have attended.

**Elementary
School ***

School	City	Postal Code

**Elementary
School**

School	City	Postal Code

Middle School *

School

City

Postal Code

Middle School

School

City

Postal Code

High School *

School

City

Postal Code

High School

School

City

Postal Code

Assignment Preferences

Final Placements will be influenced by previous field experiences. A Preference List Form will be provided so you can submit it at a later date (during STAGE 2 modules time frame) to a Desire2Learn drop box. Information about eligibility of your preferences will be requested at that time.

Criminal Activity

Have you ever been convicted of a felony or crime involving dishonesty, a controlled substance, or a child? *

- ☐ No
- ☐ Yes (If yes, please attach a copy of court documents regarding conviction.)

Have you entered into a criminal diversion agreement after being charged with any offense described in the previous question? *

- ☐ No
- ☐ Yes (If yes, please attach a copy of the diversion agreement.)

Are criminal charges pending against you in any state involving any of the offenses described above? *

- ☐ No
- ☐ Yes (If yes, please attach a copy of the court documents regarding the charges.)

Have you had a teacher's or school administrator's certificate or license denied, suspended, revoked or been the subject of other disciplinary action in any state? [Please attach a copy of the documents regarding the official action taken.] *

- ☐ No
- ☐ Yes -denied
- ☐ Yes - Suspended
- ☐ Yes - Revoked
- ☐ Yes - Action Pending

Is disciplinary action pending against you in any state regarding a teaching or administrator's license or certificate? *

- ☐ No
- ☐ Yes (Please attach a copy of the official documents regarding the action pending against you.)

In the summary comments section please share any additional information you feel is important for the committee to consider when determining your eligibility to student teach in your preferred semester.

**Summary
Comments**

**Enter your
advisor's name in
the space
provided. This
confirms that you
have discussed
the information
provided in this
application with
your advisor.**

**Enter your
advisor's email
address.**

**SUBMISSION of this application AFFIRMS all INFORMATION provided IS T RUE
and ACCURAT E.**

Submission Date

<input type="text" value="02"/>	/	<input type="text" value="21"/>	/	<input type="text" value="2014"/>	at	<input type="text" value="6"/>	:	<input type="text" value="30"/>	<input type="text" value="PM"/>	
Month		Day		Year		Hour		Minutes		

Click to edit

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